

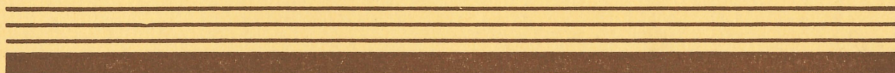
The MEDICAL MISSIONARY



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His Excellency, Amleto Giovanni Cicognani, D.D.

THE LITTLE HOUSE OF DIVINE PROVIDENCE

BERNARDO'S LETTER TO DR. ANNA DENGEL*

I hoped to procure for you some day the explanations you desired about the origin, the development, the way of life, the functioning of the works of Cottolengo in Turin which had so interested and moved you. And many times in my mind I tried to condense that which I had learned from publications or from personal conversations with people belonging to that House; but always even this modest effort seemed too difficult for me who wished to condense in a few pages things far too big.

One thing it seems to me I can say with certitude, and without being outside the truth: no one could hope to be able to found a work similar to that of Cottolengo, unless he felt he could place as fundamental corner-stone of the edifice, not only faith in the existence of Divine Providence, but absolute and unlimited confidence in it. It is true that even without this confidence works of wonderful benefit can be accomplished (as we see in all countries), but never works *similar to this in the spirit*, because one must really admit that this one is not only in name but in fact a work of God's Providence.

Perhaps, Doctor, you already know that Joseph Cottolengo was from childhood imbued with the spirit of charity, so much so that the finest present one could give him on grand childish occasions—birthdays, Saint's days, solemn feasts—was a little money or some article which he could give away to poor people he knew, whether sick or well. It is told of him that even at the age of five he felt this profound tenderness for miserable people; and as he grew older it ever increased in him, uniting itself to the love of God.

I do not know whether you know the fact which determined Cottolengo—he was then 31 years old and had been a priest for seven or eight years and a canon for I do not know how long—to devote himself entirely, one may say body and soul, to the work which was to eternalize him among men and sanctify him to God.

A poor French woman passing through Turin with her husband and three children, lodged in a modest inn before continuing her journey to her native land, was suddenly stricken with serious illness

* Translated by Miriam.

and asked refuge in the principal hospital of the city. She did not obtain it, because she was far advanced in pregnancy, and this circumstance, according to the rule of the hospital prevented her being accepted. She had no better fortune at the Maternity Hospital, because although she may have been near her time of delivery, in this moment she was suffering from another malady which might prove contagious—and so again a regulation intervened to refuse her refuge. Other efforts had remained equally unsuccessful, and the poor little creature had to resign herself to die without assistance in an inn stable.

The priest Cottolengo was called in to bring her Christian consolation. Think of it! A dying woman, beside her a new born tiny creature already about to expire; a desperate man weeping and cursing, and three children crying for the mother in agony. Such a scene, in a city already rich in official good works of charity, brought such consternation to the heart of the young priest, that after having comforted as best he could the poor unfortunates, he ran to his nearby Church of Corpus Domini and ordered the sacristan to ring for prayer; then he flung himself at the foot of the altar of the Virgin with the few faithful who had run in, surprised at the unusual summons. Cottolengo absorbed himself in silent prayer and when he arose from his knees, no longer with tears in his eyes, but on the contrary, with a serene and smiling face, he expressed to those present, in two or three words, all his sense of consolation: "The Grace is obtained."

This grace was the foundation of the work of which his mind and heart (in the *dream of a moment*, a poet has said) conceived the design; it was the promise which he felt he had obtained, of Divine assistance. No, it must never happen again that a human creature in need of help, should die thus, refused by every institution because of a regulation! To give refuge to all those who for one reason or another, from motives moral or of hygiene, were refused, but whom Christ would never refuse—*this* was the task which the Canon Cottolengo set for himself in that hour before God.

"*And the Charity of Christ urges us*" was the motto under which he soon united willing souls for the foundation of that *Little House* which he well knew he must not call his, but the House of Divine Providence. To relieve every misery was his human aim; but arriving at that, he made it a means of reaching to an aim even higher, that of forming souls for Heaven. In fact, from the beginning, when with four beds in a modest room, he initiated that series which now

is composed of over ten thousand for the motherhouse only—from the very day after obtaining the grace—he turned to several pious women, proposing to them a house, and a simple idea: to be willing to sanctify themselves through the constant exercise of charity towards their suffering neighbour. There were not a few souls who immediately knew how to unite themselves to him, how to see as he did, how to *ascertain in the pain of our brethren the fact of Christ who asks pity for them, and promises as recompense, the true life*. In this is found the special character of the work. Twelve in number were the women—perhaps his penitents—who answered this appeal with ardour; and to them, as the first step, he counseled, several prayers in order to evoke spiritual light, physical strength, and material aid. To these twelve ladies there soon were united thirty so-called “aids,” as night nurses. These were for the most part young, poor, healthy, robust, capable of resistance to fatigue; and to them was given a Directress, a certain young lady who was a widow at 26 years of age.

The House had already been enlarged. It counted already not less than 24 beds for the sick. It had had only three years of existence, if I am not mistaken, and was prospering to the great satisfaction of its founder, when there broke out in Turin, in the summer of 1831, the cholera. The civil authorities thought well to close the “little hospital” as it was then called, sending part of the patients back to their families and distributing the other cases among the various city hospitals.

Far from despairing by reason of this serious check, Cottolengo at once saw in it some benevolent intention of Providence. The rooms of the little hospital remained empty? Well, surely, there can be no lack of homeless people to whom to offer them, and meanwhile the rent is all paid! And just in these very days the good priest met on the street a little girl who asked him for alms. He questioned her and informed himself of her circumstances. She was 12 years old, her parents were poor, they no longer wished to keep her at home unless she found a way of earning her bread, she had not found anyone who was willing to take her in service. Immediately a new good idea came to the Canon: A refuge for abandoned girls! What a fine thing, and how necessary! He at once invited the poor little creature to follow him and presented her to the “Directress” of the “Aids,” saying, “Do you see? Providence is beginning to send us new occupants for our empty rooms: this child will be the root of a new

family which we will place under the protection of Saint Ursula." And thus were born the Ursulines who in a very short time grew in number to 126.

During this time, the needs of this new institution having grown, Cottolengo was able to acquire a miserable stable with a few rooms in Valdocco, a region at that time wholly separated from the city, and where then developed the large House, which you, sister, were able to visit in part. Thus separated from the city population, the new refuge could again fill itself with sick people, without arousing anxiety in the heads of the guardians of public health. At least there one could suffer and die in peace, sheltered from the accusation of impairing hygiene or of saddening the gay city. There also began to blossom, and to bring to abundant fruit, the garden of charity; there began to shine with its true resplendent light the work of Cottolengo.

How to go ahead? How live? How support a crowd of poor people of all kinds who were forever increasing in number? "Let us pray" was always Cottolengo's answer. This was the surest means to obtain the daily necessities; and the necessities had to be the "*quod super est*" of men of the world. Grocers, butchers, small inn-keepers, owners of large hotels, all these would obtain benefit from thinking to send to the House of the poor those left-overs which they could not offer to their clientele, and which risked spoiling. And if they did not think of it, Cottolengo himself would go to beg from them this charity.

From now on a certain opposition ceased, the ridicule of the sceptical, the abuse of the malicious, who from time to time had called him a Utopian impostor in search of fame. The jokes were finished because the miracles began to be seen. In moments of need, sums sent by none knew whom, and others sent by well known benefactors, began to reach Cottolengo, at times when doubt and anxiety began to touch the hearts of his helpers if not the heart of the Founder himself. Often the help arrived in a way that seemed miraculous to everyone. The most curious (one might say, desperate) appeal for alms was one made by Cottolengo himself. When hounded insistently by a tradesman to whom was owed 18,000 lire (9,000 lire in our day!) and not knowing to whom on earth to turn without seeming indiscreet, he invoked the payment *by letter* (it seems a joke) from the *Souls in Purgatory*, using the ordinary means of the post. What happened? No one has ever known. Perhaps the postal clerk transmitted the letter to his Postmaster General; perhaps the Postmaster General transmitted it to the King, or to some other rich philanthro-

pist—who knows? The fact is, that several days later, when the creditor returned with the promised hope of being paid, there was passed to Canon Cottolengo through the door, an envelope containing the 18,000 lire, without any signature, either human or superhuman, and with no date save the postmark. From then on that creditor never doubted the solvency of the poor house of the poor.

Certainly, among the less well-known collaborators of Divine Providence must have been our King Carlo Alberto (the pious King, who wore, they say, the Franciscan cord of Frate Huskesio). That sovereign had not tarried long in approaching Canon Cottolengo. The King loved the priest, and was loved by him in return, and always helped this charity, not at all offended by the joking and resolute repulse he had received when offering to the work itself the patronage of his government. "Might His Majesty forgive him," Cottolengo had replied, "but Divine Providence would not tolerate the protection of any government on earth; it was the government, on the contrary, that had great need of Providence."

Before the little rooms had been acquired by Cottolengo they had been used as a miserable eating house which had as sign: "Restaurant of the Brentatore." In Turin the name Brentatore was given to those who served in wine shops, and carried the wine to the purchasers in a container of wood, which fitted on the shoulders, called "Brenta." Cottolengo had changed it to "the Little House of Divine Providence." The sign was still to be seen a few years ago over the little door by which one enters into this city of every pain and of great consolations. Very recently it has been replaced with the same inscription newly painted.

I have said that Cottolengo aimed to form angels on earth by means of the exercise of charity. And in truth, the Little House of Divine Providence, in which he sheltered and cared for all human miseries as though they were the actual wounds of Jesus, was and remains a spiritual house. He divided his little populace into *families*, but he wished each family to have, as it were, a corresponding religious family of its own, with its own celestial patron, according to a conception, as one sees, exclusively Catholic. Among the first of these families was the one which, under the especial patronage of St. Vincent de Paul, took in youths who intended to dedicate themselves to the priesthood. One cannot imagine a better school than this one, in so direct contact with human suffering. And now, amuse yourself, if you can, in reading the following index of these particular institutions in which are framed all the Cottolengan charities. I have not

placed them in order, nor attempted to give you a complete or exact list.

Sisters of St. Vincent. These are the nurses, and you will understand the importance and difficulty of their mission and the mass of work incumbent upon them. They serve especially in the House, but a certain number of them are also sent out to nurse the sick poor outside.

The Ursulines. Of these I have already spoken in the beginning. To these Cottolengo wished to unite the Aloysians and the Little Orphans. These last named families are a preparatory stage for the Ursulines, that is, as Aloysians and Little Orphans the girls complete the elementary instruction needed to pass over into the Ursulines.

Sisters of St. Martha. These attend to kitchen and domestic work (singing praises to the Saints).

Sisters of the Holy Cross. Under this name are grouped those who are adept in work of sewing for the House, or for the poor outside. To them is also entrusted the singing at solemn church ceremonies.

Sisters of St. Eliaser are the laundresses of the communities, but besides attending to the washing, they also help the Sisters of St. Vincent in the auxiliary houses of the province.

Sisters of the Divine Shepherd. Their material task is to prepare new clothes and especially the shrouds for the dead. Their spiritual mission is the teaching of the catechism, and apostleship to the sick.

Daughters of the Immaculate Conception are young girls given refuge because they are in danger, or "fallen," in order to give them the light of faith, pardon, comfort and conversion.

The Sisters Taidine and those of the *Sacred Heart* are two cloistered families. The doors of their cloister open only to guests of the Pope and to members of the Royal Family. I cannot imagine an ideal of abnegation more tragic than that to which these sisters are vowed: to procure by prayer and the perpetual sacrifice of their own liberty the redemption from guilt of those women who, free in the world, bury their life in the slavery of vice. The sisters of the Sacred Heart also live cloistered, as I have said, and pray especially for the family of the King, for the civil authority, and for the sisters of St. Vincent, who, because of their material cares, have less time to devote to prayer.

The Deaf Mute Sisters are cloistered and sing their praises in church by gestures.

The Sisters of the Adoration form, if I am not mistaken, a kind of particular court of the Holy Sacrament.

The Sisters of Supplication and the Sisters of Pity pray, the first for those in the Last Agony, the second for the Dead.

Then come the Carmelite Sisters and the Poor Clares and others whose special attributes I do not know, but who serve essentially in the secondary houses.

This is the spiritual world, I might almost say, is the Heaven which our Cottolengo constructed and extended over his little world of tears. One might also say he fused two worlds together with Charity.

To view this, with an eye profane and foreign, to see it thus in its exterior aspect, especially when it is in costume of parade—white caps, black caps, white veils, black veils, grey skirts, brown skirts, green skirts—to see it thus, this spiritual world, which seems to be trying to be a kind of court for the King of Heaven on earth . . . what a poor thing it seems? Some will even say “what a ridiculous thing, what a silly thing.” I heard these two irreverent epithets from the mouths of two workmen belonging to the humanitarian school of Lenin, at the passing of a funeral procession composed of Cottolengo Sisters; and I could not repeat the mocking and calumnious comments of these two upon the mission of those poor creatures who live their lives working and praying in order to purge the *darkness of the world*. But instead, one might almost ask: What is this mystery, that the Creator and Lord of so many infinite, beautiful and eternal things can delight in this mean homage, and does not become bored, closing his ears to the monotonous noise of so many thousands of rosaries, which rises daily to his throne, mixed with songs which time has worn, expressed in a language which often the lips stammer while the brain does not understand them? Yes, certainly, both believers and unbelievers could have much to discuss in regard to this strange spectacle. And when everything had been discussed, and all the doubts brought forward, and all the negations well affirmed, one fact would always remain without doubt, impossible to deny, unchanged, veiled in a mystery understood only by the simple and by the humble: the “Cottolengo miracle,” or, if the word is more acceptable to some, the “Cottolengo phenomena.”

The Little House of Divine Providence is standing erect, is there, just as Cottolengo made it. It lives and prospers by prayer, as he desired. It enlarged itself out of all proportion. With it grew also

around it the worldly city (in his day it had, perhaps 60,000 inhabitants, and now more than half a million), and with the city grew the misery to which Cottolengo gave refuge (4 beds in 1831, 13,000 after one century of life). It has perhaps changed in certain particulars because the circumstances surrounding it changed the social form of life. But that which has not changed and does not change, is the spirit of charity that works in it, is faith, is untiring confidence in Divine aid, and thus remains unchanged and permanent, the well-spring from which came the means to support all that city.

When a law of reform was instituted for pious work, the civil authorities thought it would be well to submit the Little House of Divine Providence to its rule also. Invited to conform to it, its rector certainly could not answer in the same language as Cottolengo had used to King Carlo Alberto. However, even in every day language he was able to make understood the impossibility of any legal administration of the Little House of Divine Providence. The answer then given to whoever was charged with enforcing the law, was repeated to me by a person who must have heard it, and was in about these terms. "The application of the law imposes a balance of receipts and expenditure, and presupposes the administration of a capital foundation. But the Little House of Divine Providence has not, nor ever has had, any patrimony, any capital to administer or conserve, nor has it ever had any fixed ordinary income, living as it does, day by day, on the charity it receives; therefore, it has never had to, nor could it in the future, establish a balance. What we could do, and what we should be disposed to do, in homage to the state, would be to place completely in its hands the running of the House. There are at present in it 8,000 mouths to feed and several hundred sick persons to be cared for. In our cash boxes at this moment are funds sufficient for 10 days. This money we will of course hand over to whoever substitutes us in this work. In future we hope that public charity will continue, under the civil administration, to provide, as it always has for us, day by day, and sometimes hour by hour."

It is a fact that the Little House of Divine Providence, although it often comes into possession of large fortunes of money, invested or uninvested, always converts everything immediately into cash which serves all immediate needs (except perhaps for some stable funds which can be directly utilized by the House.)

A curious thing, before the law, the Little House of Divine Providence would find itself always in a state of bankruptcy, since no fixed receipts ever balance the debts to be paid. The credits of its pro-

viders are not guaranteed by anything else but hope of future alms which the Cottolengans daily invoke from Divine Providence, an income too vague for a wise and bureaucratic civil administration!

I asked during the course of writing these few poor indications, whether Cottolengo ever kept any written rule. The answer was "No." They go ahead according to tradition, in footsteps simple and profound, which he left to express his thought. And about that there was repeated to me also the noted reply given by him to King Alberto, who feared for the future of the House when its Founder should have died. "Do not fear, Your Majesty, for such a little thing," Cottolengo said. "You see how the service of the guard is done at your own palace. Every now and then, at an established hour, your sentinels are changed. The sentinel who goes off guard and the one who comes on exchange a salute; then the first gives softly the pass word to the second. One goes, the other remains, and in this simple manner the custody of the palace continues without interruption, and always in equal security. I am the sentinel of Divine Providence placed on guard at its Little House. When my time comes to go off guard, the new sentinel will come, I too will pass on to him the word of order, and all will continue as before."

The word of order will remain, as always, the order to pray. If he added any other recommendations, the principal one will have been never to let themselves be seduced by the desire to possess a patrimony, and to continue to live and progress solely by alms, alms of material things, alms of work, alms of love.

In order to be received into the Little House of Divine Providence it is necessary to be poor, and, for whatever cause permanent or temporary, to be prevented, in whole or in part, from practising any lucrative work. But already for some time, they have accepted those who are not absolutely poor, but whose very small means could not enable them to live independently or be received into other institutions. These contribute at a rate established for each individual case, in the form of offerings. The same method is followed also for cases of chronic or acute illness. The doctors and the surgeons give their services free in the Little House of Divine Providence, nor are there any paid officers, all the administration being done by the inmates, with a few exceptions. Thus, the "Cottolengo" cannot certainly be an object to covet by the professionals, as on the contrary happens in the case of certain hospitals and civil refuges where the funds bequeathed for charity by the founders produce hardly enough for the salaries of the doctors or secretarial staff. The attendant and nursing sisters

also who formerly nursed in their own homes only the actual poor, and therefore gave service free, are allowed by the House to go also to persons of means; but their pay is not according to a fixed tariff rate, but in the form of offerings determined case per case according to the possibilities of each one. The same standard is followed for the companies of sisters asked for funerals and the offering for this service is established by the parishes. Thus, at bottom, as I have already said, the institution has remained in everything faithful to the principles upon which Cottolengo founded it. And that the Founder is ever alive and present in his House, is quite evident even to one who has only known him from his biographies, and who sometimes passes through that little city which arose and prospered through the urge of Christ's charity.

How many pious customs of his, how many of his little desires, one sees jealously and filially observed! How many of his little ingenious joys are still the dear and simple joys of that varied and pious population! During the solemn ceremonies recently instituted upon the occasion of the canonization of the beloved Founder, there was observed one particular, moving in its simplicity. In the middle of the church was exposed the body of the saint. Four Royal Carabinieri, in parade uniform, stood at the four angles of the rich crystal casket; in characteristic contrast to this severe and sumptuous parade (and perhaps even in clash with the rigid liturgy) above the casket several canaries in a pretty cage (a gift they say from the actual Pontiff) sang joyously. Well, these same canaries are the distant progeny of those which Cottolengo liked to see all about the House, but which he especially desired to have near him in his bedroom, and where he worked and prayed. A few days ago I wished to make the acquaintance of these garrulous little friends of the Saint who had divided with the Carabinieri the honour of constituting his escort, and I found them in a chapel connected with the big church, that is, the chapel of our Lady of Sorrows. At that hour it was almost filled with sisters who were reciting aloud the psalms, and the canaries in their gold and silver cage hung from the vaulting, by far surpassed with their piercing thrills the voices of that swarm of praying nuns. And strange! That high and gay chirping not only did not in any way disturb the sense of recollection, but seemed actually to contribute something really celestial to the place, to the hour, to the sounds of human prayer.

TURIN, PENTECOST, 1934.

(TRANSLATED BY MIRIAM, JUNE 15TH-18TH ON BOARD THE "REX").

The Society at Home and Abroad

THE APOSTOLIC DELEGATE

November 21st was a day for rejoicing at the motherhouse, not only because it was the feast of our Lady's presentation, but also for the reason that on this day His Excellency Amleto Giovanni Cicognani, the Apostolic Delegate, paid us a visit.

His Excellency remained in our midst about one hour, and, by the variety of questions asked and advices given, showed a keen interest in the Society and its work. This interest was directed particularly to the religious and professional training of our sisters, to the widespread medical needs which require both quality and numbers in our subjects, to the differences in Catholic and Protestant medical missions, and to the need for more extensive propaganda to make our Society better known.

The profound significance of this visit of Christ's Vicar on earth to our humble hearthstone, through His personal representative, was highly appreciated and shall always be prized by the Society everywhere.

MISSION BELLS

At the Mother House the New Year will be begun in a truly missionary way. The melody of the bells which ushered in the year of our Lord, 1936, will hardly have faded away in the distance when the Mission Bell will peal out anew and with joyful vigor, as it announces the departure of two more Medical Missionaries.

These two go forth, as others have annually since the year 1927, to labor among India's millions of women, to bring to them the light of Faith and to alleviate their suffering and sorrow.

Such is the privileged destiny of every Medical Missionary and it is with sentiments of deep gratitude to God that they go forth in small groups, year after year, to join their fellow laborers in the field.

And we who remain behind wish them God speed and a long and fruitful life in this, their beautiful vocation, eagerly awaiting the dawn of the day when we too may join them.

The two chosen this year to reinforce the ranks in India are Sisters M. Joseph and M. Stephanie. Both are well fitted for the work which lies before them.

Sister M. Joseph, R.N., is a graduate of the Mother House Hospital of the Red Cross, Eberswalde, Berlin, in 1926. Her courses in Hydrotherapy were completed in 1928. Sister entered the community in England in 1932. After completing her novitiate at the Mother House she took supplementary work in Georgetown University Hospital, Washington, D. C.

Sister M. Stephanie, R.N., is a graduate of the *Maria Hilf* Hospital, München-Gladbach, Germany, and also of the Children and Babies Hospital, Bonn, Rhein. The two years previous to entering the Society, Sister Stephanie acted as supervisor of the Child Welfare Center near Berlin. In 1934 she entered our ranks and made her religious profession in August of this year.

After a short stop at Mater Christi House in Osterley, England, the two Sisters will sail from London to Bombay and from there they will travel by rail to Rawalpindi in the far north of India.

"LOTS FOR LITTLE" CELEBRATES 5TH BIRTHDAY

"Lots for Little" Thrift Shop in New York City, one of our most munificent benefactors, celebrated its fifth birthday on November 3, 1935. The history of these five years is a heroic story of a generous group of women who founded a permanent thrift or rummage shop, the profits of which at present are divided among five different charities.

From the beginning nothing daunted the courageous efforts of these women: neither thieves who carried away some of their store of material goods nor others, who plagiarized the name of the shop itself. Nor did the competition of fifty other thrift shops which sprang into existence during the last five years dampen their zealous spirits, nor the consequences of the depression which pulled down their profits as well as those of other business enterprises.

The fascinating story is best told by the president of the shop herself, Miss Agnes Keyes:

The idea of the "Lots for Little" Thrift Shop originated in the brain of Miss Isabel Semple Scott when, in 1929, she held a temporary position in Everybody's Thrift Shop. Seeing the profit in the business Miss Scott became profoundly interested, and longed to see a similar shop started for the benefit of the Helpers of the Holy Souls. She told her idea to Mr. and Mrs. G. Borden, who saw the feasibility of the plan and immediately gave her support and encouragement.

It was in the month of January, 1930, that Mrs. Edwards H. Childs planned to hold a one-day rummage sale for the benefit of the Cardinal Gibbons Institute. Mrs. Borden suggested that Miss Scott would be glad to help in the pricing of the goods and introduced her to Mrs. Childs. Miss Scott told her of her heart's desire and Mrs. Childs became interested in the plan for the sake of the Cardinal Gibbons Institute. At the same time I heard of the plan and joined this little group of founders in the interest of Dr. Dengel's Society of Catholic Medical Missionaries. Here then was the nucleus of the shop.

After securing the consent of the charities themselves and the trustees concerned we decided we had the courage to go ahead.

The next day we called by appointment on His Eminence, Cardinal Patrick Hayes, to obtain his authorization for the work. His Eminence received us very graciously and finally bade us put in writing an outline of our plans, to which he would answer in writing. We knelt for his blessing and left, highly jubilant! A few days later the required document was left at his door, and presently came the answer of *approval*.

Meantime we had been scouring around to find a place of storage for the summer. Then, in the dripping hot days of May we got our lists into shape and sent out some three thousand notices. We had been warned by people of old experience that this was a pure waste of money and of effort—the Spring moving was over, everybody was out of town, etc. But we felt we *must* go ahead and prepare the mind of the public for our Fall opening.

Then rummage began to arrive—and to our great surprise it kept coming! Summer scattered the committee—but rummage continued to come in! It has never stopped coming ever since.

Then came the great moment of choosing a store and at last the opening. On Monday, November 3, 1930, the transferred feast of the Holy Souls, our Lots for Little, opened its doors to the purchasing public. Our first customer was a large, florid lady with a mass of golden curly hair, who walked in with the announcement, "I am Louis the XIV." She departed with about seven dresses over her arm, and both she and we were well content. When at the end of the day we had fifty dollars in the till, we felt we had made a brave start, which we have been able to keep up ever since.

We have had difficulties, plenty of them—we are still having them, but we have had wonderful friends to advise us and to help us through. And most of the difficulties have had their comic side, as

when after vainly asking person after person whether we need a license to operate our store and being repeatedly assured that we did not—we finally opened, and then were told of course we did need one. The how and where of it I finally learned, while visions of jail floated before my too lively imagination. Then going down to the Bureau of Licenses I found that my “partner” Miss Coleman, who had signed the lease with me, must also apply, and we must both have our finger prints taken, and the police files must be searched for trace of any former record of crime, before we could be allowed any permit for opening so doubtful a business as a second-hand shop!

Where does our rummage come from? It comes from anywhere, and from *you*! Occasionally a magnificent thing happens as when Mr. John Nesser sends us two loads of furniture from the Manhattan Storage—things which he had been told to dispose of, as the owners were tired of paying storage. But most of it comes, bit by bit, from our friends. We receive it by parcel post from as far away as Newport, from Greenwich, from Long Island and from nearer places too it comes. We can sell absolutely everything. Customers cannot buy, however, unless we have things to sell. At a certain bazaar, the first winter after the shop opened, I was introduced to two very charming ladies who immediately exclaimed, “Oh, you are the Rummage Lady!” I was perfectly entranced. I like people to become deeply conscious when they meet us, of all the things they really ought to give us.

Our shop is an affair of dollars and cents, yes, but it is also an affair of human souls. Do you realize what you are doing in sending good things to us? So many people are struggling in this huge city of New York to make their ends meet. To us they can come with no loss of self-respect and find their few dollars will indeed stretch to cover their great need. Even if we had not one cent to give to our charities, the work done there on 902 Third Avenue, N. Y. City would be worth more than all the efforts we put into it.

Since 1931 we have distributed \$19,200 to five different charities. In 1935 two new charities were added to our company. The McMahon Memorial Temporary Shelter for Children and the Saint Paul Guild.

His Eminence Cardinal Hayes honored the shop by visiting us on our Fifth Birthday accompanied by his secretary, Msgr. John Casey. The committee and the staff were on hand for the celebrated occasion as well as the acting heads of the five charities. Mrs. George A. Muir represented the Medical Missionaries. He stayed for a full

hour and took a deep interest in everything. After inspecting the basement where the old furniture and men's department is located, the Cardinal went to the workroom in back of the store, where we had a birthday cake and five candles. Very graciously, His Eminence cut the first slice of the cake.

In the talk which followed, Cardinal Hayes expressed over and over again his delight that from this small shop, a new form of activity in the Church, aid was going out to the far corners of the globe. The missions seemed dear to his heart when he spoke of the marvel that our works extend out beyond the city to far distant lands and there advances the spread of the Kingdom of God. On the table was a large breviary in which the Cardinal took particular interest. It is said to be 200 years old and the Cardinal felt it a worthy article for display in the shop window. Before leaving His Eminence gave me an envelop containing a substantial donation.

Charity is the purpose of our existence. As some one said, "There are humble and simple tasks that remain forever noble and forever necessary in serving the poor." And we must not forget the meaning of our work which is the service of the poor for the sake of the poor. We serve them in the shop, —we serve them in every penny that we give to our charities. Our contributors serve them in every sacrifice that they make in giving us things to sell; our splendid volunteers serve them even more intimately by the hours of work spent in the shop.

"And the motive of all our service rests in the will of God."

A SUCCESSFUL YEAR

To reap \$1,000 was the high goal which our staunch supporter, the Washington Auxiliary, set for itself for the year 1935. All the members worked *like Trojans*, to use the common expression. Bit by bit, the workers gleaned from bridges, teas, bingo, luncheons, etc., until the harvest of \$900 was brought forth. This was the most successful year's work the Auxiliary has ever produced since it was founded in 1931.

Needless to say, we were not the least dismayed when they did not reach the desired amount. Encouraged by their example and assured of their cooperation and assistance during the coming year, we gathered in a full store of confidence in God's Providence and in their ability for the new year, 1936.

We heartily thank our Auxiliary for its good work in the past

year. To Mrs. Garver, the president, and to all the members of the Washington Ladies' Auxiliary, we extend our most cordial wishes for a Happy and Blessed New Year.

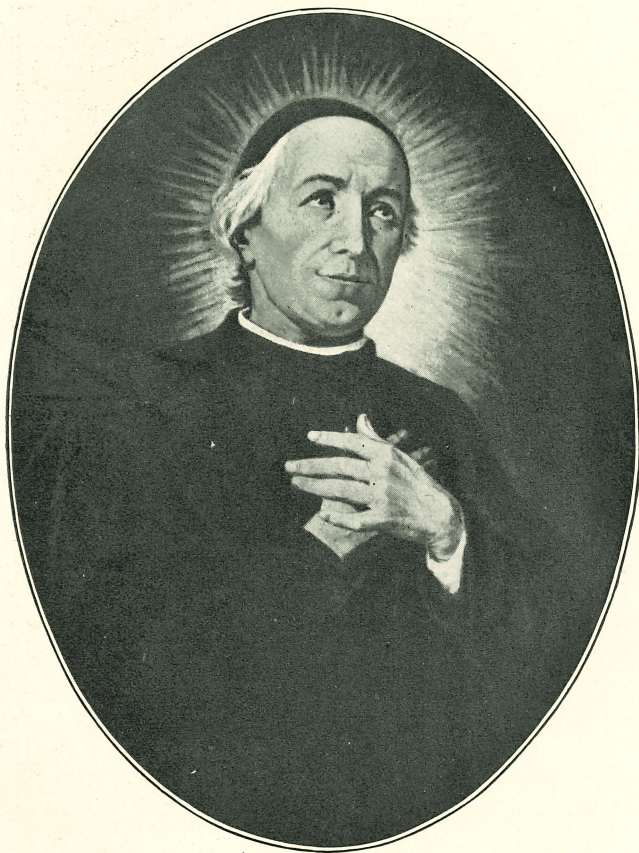
A HOSPITAL WITHOUT A NURSE

Recently we received word from India, which urged us to make every effort to obtain vocations, especially nurses. The Society had been asked to take over the nursing in a hospital, so one of our sisters went to visit it. Here is her graphic story in a few brief, but appealing words:

"The hospital is in great need of sisters. Picture, if you can, a hospital of 125 patients without a *nurse*. Dressings are done several times a week; treatments are an impossibility. The operating room nurse is an old, bearded Mohammedan, with shaking paralysis, who nevertheless tries to thread needles, etc., during major operations. The hospital is really in a deplorable state and it would be the greatest charity to send sisters there."

We are most eager to enter this particular field but we need more sisters, especially registered nurses, before we can promise to take over the nursing of this hospital. Our readers will readily understand why this appeal for our sisters struck a tender chord in our hearts and why we so earnestly long to comply with the request, so that the nursing in this hospital can be done properly.

When it was a question of workers in the field Our Lord's first injunction was "Pray ye the Lord of the harvest, that he send laborers into His harvest." (Luke X, 2.) Thus we decided to make our Christmas Novena one of nine High Masses for vocations. The Mass being the highest form of worship and one in which human imperfections cannot impair its essential efficacy, as in other forms of prayer, we ask our readers to join us in our petitions.

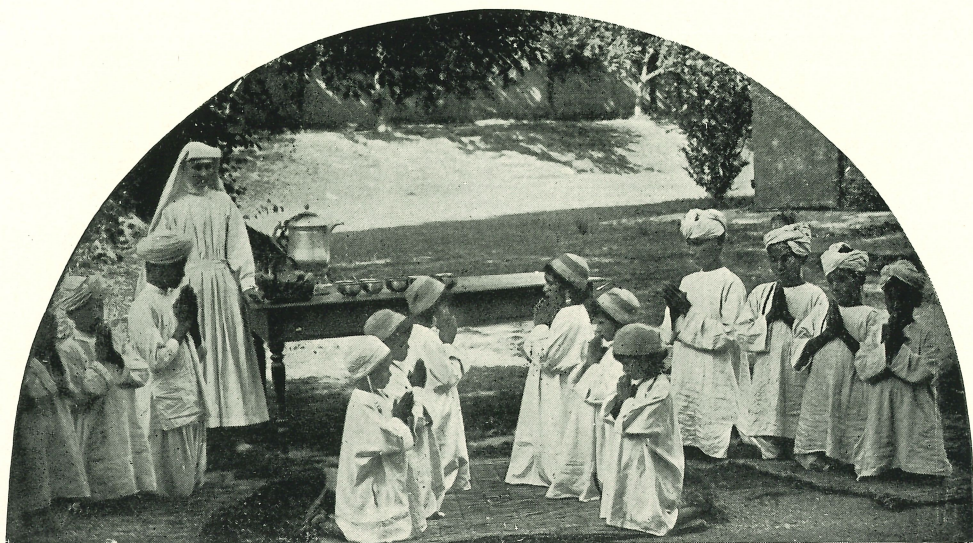


St. Joseph Cottolengo
Founder of the Little House of Divine Providence



Sister M. Stephanie (upper) and Sister M. Joseph, our first missionaries of 1936

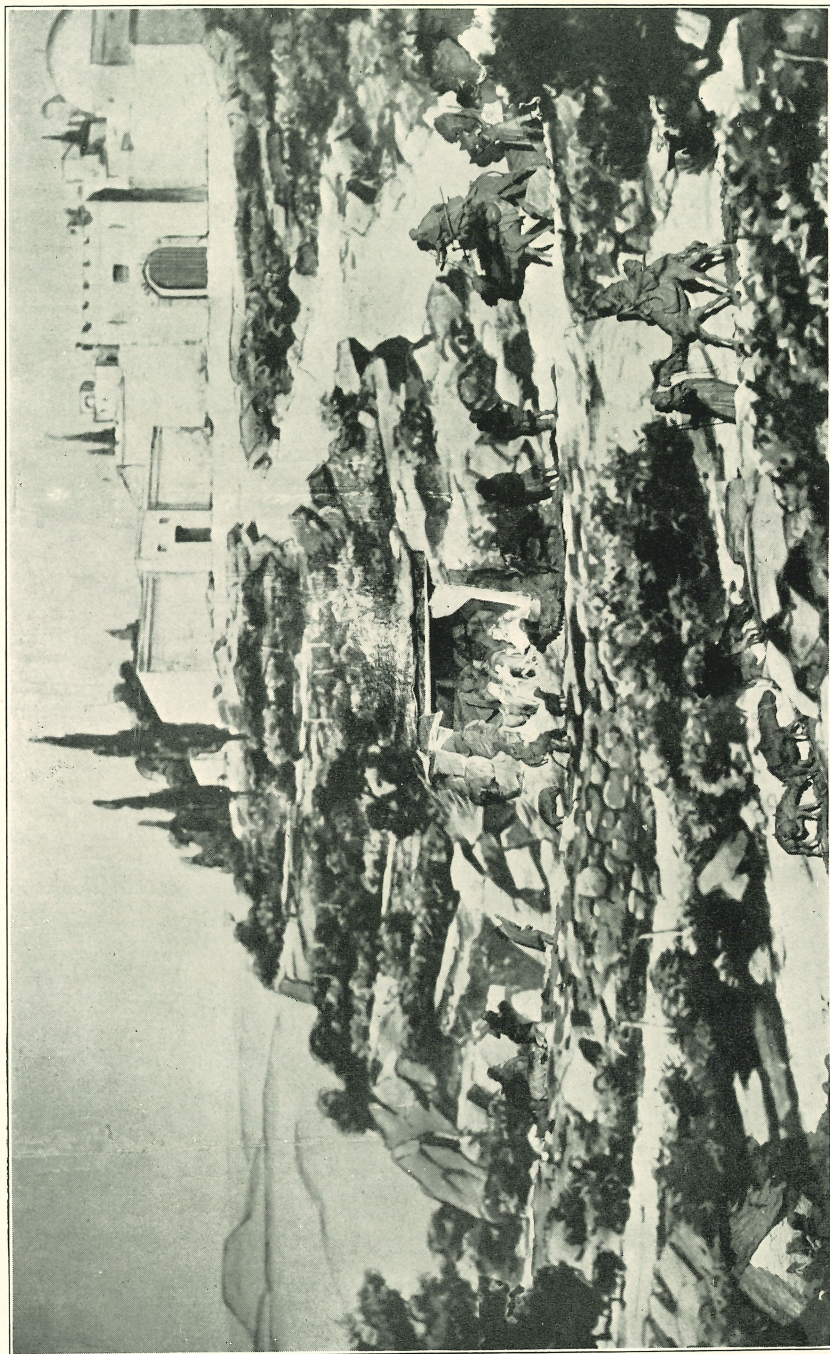




The Orphans Are Very Good Just Before Christmas



Out in the Homes of Dacca



(Courtesy of *Washington Post*)

Bethlehem: When Christ Was Born

ARCHBISHOP HINSLEY SPEAKS IN BEHALF OF THE MISSIONS

The missionary stalls at the Catholic Combined Charities Bazaar, recently held in Kensington Town Hall, received special recommendation from His Excellency, the Most Rev. Archbishop Hinsley.

Thirty-three charities, including seven missionary communities, took part in the annual bazaar this year. Our Society, always grateful to have a share in this benevolent affair, was represented by the Mater Christi Medical Mission House, Osterley.

"As I look down the long list of charities represented in this hall," His Excellency said, "I am struck by the fact that it includes many missionary enterprises. I most strongly recommend those excellent works to you—those in Africa, in India and in China, to the very extremities of the far-flung mission fields, because I am convinced that if we support those valiant missionaries who are working so devotedly for souls, a rich reward of God's blessings will result to ourselves, and forward our works everywhere."

FOUNDER OF THE WÜRZBURG INSTITUTE VISITS MATER CHRISTI

Mater Christi Medical Mission House also had a distinguished visitor. On the Feast of the Little Flower, the Very Rev. Dr. Becker, S.D.S., the former Prefect Apostolic of Assam, India, and the founder and director of the Würzburg Institute, Bavaria, paid our sisters a very cordial visit.

Our common aim, Medical Missions, has always linked the Society to Doctor Becker and the Würzburg Institute. Often Dr. Becker directs recruits to our community, and this naturally makes the bond of union more personal.

The members of the Würzburg Institute, which is the first of its kind in the Catholic Church, are lay men and women who study medicine and missions with the intention of giving their professional services to medical missions in the field afar. Our Society is the first religious community of professional medical missionaries and was founded just three years after the Würzburg Institute. Hence the two organizations have grown up in the Church, practically, side by side. We on our part, have watched the development and missionary work of Würzburg with keen and prayerful eyes and feel encouraged by its interest in our Society.

CHRISTMAS DOINGS AT PINDI

BY SISTER M. FRANCES, S. C. M. M.

The day after Christmas we had a party for the orphans from Saint Catherine's. Even the smallest ones came and they sat like little mice throughout the whole Christmas play. They seemed to enjoy the donkey most of all. "It's a really, truly donkey," the little ones said, "not a make-believe as the kings and shepherd." The donkey itself, seemed to enjoy the party, especially after it was given the Christmas sweets. The "Infant Jesus" was a really truly baby too, and insisted upon letting the world know that he objected to playing "Christ Child."

After the play the children were served tea in Indian style (ten spoons of sugar added to weak tea and a little milk). Each was given a bag containing sweet buns, fruit, nuts and Indian sweets of various kinds and in bright pinks, greens and yellows. At last Father Christmas came with toys for the smaller ones and bright colored hair ribbons and beads for the older girls. It was soon time to go home. The bags of sweetmeats and the toys went back with them so the party was not yet finished for them.

The little tots always look forward to this party; just before Christmas it is: "well, if you really don't want to be good, it's up to you; but remember there will be no Christmas party for you at the hospital this year." They also like to come as patients, usually with minor ailments, when it is possible to enjoy the novelty of the event and the change. One little girl came to the hospital and a few weeks later decided that she would like to come back again. "Mother," she said, "I'm sick, I'll have to go back to the hospital again." But mother, to her surprise, told her that this time she would take her to the city hospital where she would be entirely cured and not have to go back again and again for treatment. The little mite, however, like all Indians was not to be outdone. "Mother," she replied, "I'm not really so bad this time. Let us wait until tomorrow and see if I am not better by that time."

A few days later we arranged to have the play given for the Indian Christian women. They all brought their babies, so they out-did the players. They seemed to enjoy it very much although they could not hear a thing. We had gifts and sweetmeats for the women, also warm stockings for the old ladies, warm dresses for the smaller babies and toys and beads for the older ones. The beads were much more in demand than the stockings and consequently the supply of beads ran short. We thought we had far more than we needed.

The following day the Indian players had the play for the men. That day it was performed with much gusto, perhaps because of the more appreciative audience. When the play was all ready and the parts had been memorized, they decided that it was too flat. "No play is complete without a devil," they insisted.

"But," said Sister, "surely a devil doesn't belong in a Christmas play. Some other time we shall have a play and you may have a devil in it if you wish." But they were adamant, so we went out to the bazaar for red cloth for a devil's suit. When we brought the red cloth home, they informed us that an Indian devil isn't red; he's black; so black he became. There was more competition as to who would be the devil than over any other character. The audience also seemed to enjoy the devil's antics more than the angel's hymns.

AS THEY SEE US: OUT IN THE POOR HOMES

BY A MEDICAL MISSIONARY

Late one evening I was called to attend a poor woman. The usual crowd collected and, having talked with me for a few minutes, they began to talk *about me*. Perhaps these good folk thought, if they thought at all, that I would be too intent upon my work to listen to their discussions. This is invariably done in the homes of the poor and uneducated.

One woman said, "the *memsahib* is very kind and devoted to the poor, do you think she knows anything about God?"

"Oh yes," responded another quickly, "I have heard from their servants that they pray many times a day. How could she work as she does for the poor like us, if it were not for God?"

The comments about us are not always so favorable. One day Sorola, one of the Hindu nurses, came to me. "Sister," she said, very excitedly, "do you know what my brother's friend was telling him yesterday? He said that he had heard that the Sister *memsahib* at the centre does not worship or even believe in God. I told him," Sorola said very emphatically, "that he was mistaken; the *memsahib* is very religious and she worships a God called Jesus, but she doesn't believe in Kali and the other gods. He also said that the *Waliat* government (all western countries are *Waliat* to Indians of little education) is against God and that people there did not even believe in God."

Then I tried to explain to her that her brother was not entirely correct in his statements. "There are countries," I said, "Russia and

others, where the government is against God and religion and Christians are persecuted and killed for practising their religion." Sorola listened with tears in her eyes and said: "I shall pray that God may punish such wicked people and that the Christians may again worship the Good God in peace."

Sometimes among these poor people one meets with simple souls who have a surprisingly good understanding of the one universal God. Again one comes in contact with the most appalling ignorance. "God and the devil are one and the same person," a woman once declared most emphatically.

One day, while I was visiting a Hindu household consisting of several families, one group resorted to its favorite pastime of discussing me. A newcomer asked: "What is that book the *memsahib* has?" Lelama, one whom I had nursed through a serious illness two years previously (I had also taken care of several members of her family since then) answered: "Oh, I have heard that she is a devil worshiper; all Christians are, that book is very likely her prayers to the devil."

I turned to her and said: "Lelama what is that that you just said about me and all Christians?" She was much abashed and said: "Isn't that true? That is what people say."

"Is the devil good or evil?" I asked her. "Evil." "And God is good or evil?" "Good, of course," the conversation continued as follows:

"How long have you known me?"

"Two years."

"What wicked thing have you ever seen me do?"

"I have never seen you do or even heard of you doing anything wicked. When my children were born, I always had much trouble. The last time I thought I was going to die. Only as a last resort would I permit my husband to call you. Then you came and took such good care of me. This time I shall not be frightened because I know you are here to take care of me."

"Good is of God," I explained, "and evil of the devil. Do you think if I did not worship God I could do good? Can good come from the devil?"

"Oh *memsahib*," she said: "I didn't understand, please do not be offended with me. I really should have known better than to believe that you worshipped the devil."

"Tell your friends," I said, "that the Christians worship God and do good to others for the love of God."

AS WE SEE THEM: A GILDED BRIDE

BY A MEDICAL MISSIONARY

We were out on a poor case a few weeks ago in a dirty little shack across the street from the spacious home of a rich Mussulman. The Mussulman had hired a band (his daughter was to be married that day) and it was playing right out in front of his house, making as much noise as the boiler works. Indians never mind noise! In fact, they would think that they were not getting their money's worth, if the music were not loud. Electric lights had been rented for the occasion, and the house and yard were as bright as Broadway. They asked us if we would like to come in and see the bride while we were waiting for our Gari to take us home. As one of the nurses had never seen a Hindu wedding, we accepted the kind invitation.

After the women had had sufficient warning they took us upstairs. No women were to be seen. We supposed that they were off in some corner, with doors closed according to the custom of *purdah*. The meeting-room for the bride and groom had been arranged out on a little verandah. Rugs had been spread on the floor. There were pillows for seats, and the whole place was enclosed by luxurious hangings.

The marriage ceremony, we learned, is performed without the bride, one of her brothers acts in her stead. Later on, the groom is taken up to the meeting-room and the bride is brought in heavily veiled. They would see each other for the first time, we were told, through a looking glass. (We couldn't stay for that: It was to take place between 10 and 11 p. m.)

Then the man left us and told us to look behind the curtain if we wished to see the bride. She was sitting on a *chauki* (bench) with a few relatives and serving women. Being a rich girl, she was dressed in pink satin with a gold *sari* and many ornaments. She was only 16 years of age and was of a very dark complexion. This, of course, is considered a great misfortune. There she sat with her eyes closed, her eyelids being gilded. I do not know whether or not she could open them if she wanted to. Her cheeks and hair were also decorated with gilt.

Before we left they gave us paper napkins and wedding announcements printed in Bengali, with Bengali verses extolling the joys and pleasures of marriage!

LIVING THROUGH THE QUETTA EARTHQUAKE

AN INTERVIEW WITH A PRESENTATION NUN

"Would you mind telling us a little about the earthquake, Sister?" we asked.

"Indeed I would not. I should be glad to tell you." And a merry twinkle came into Sister J's eyes as she said:

"What would you like to know?" And then not waiting for an answer—"We had a great time getting Mother C. out of that building. I thought we should never get her out. You know she is seventy-seven and deaf and when the earthquake began, there she was down on her knees hunting for matches. 'I am making my aspirations, Dearie, but I must find the matches. Yes I know it is an earthquake, but I must find the matches.'"

Sister J. had hardly been inside Mater Christi House a couple of hours when she was besieged by questions and little by little the story was completed.

The city of Quetta is on a plateau about 5,000 feet above sea level and surrounded by gaunt gray mountains, the highest of which is Cheltan, colloquially known as the Queen of Quetta. The Presentation Convent stands about one and one-half miles from the town and is a long low building consisting of convent and school. There are eight Sisters, about fifteen boarders and 200 day scholars.

The first quake began at 3 a. m. the morning of May 31 and lasted for thirty-three seconds. That was the quake which did most of the damage. But I shall let Sister J. tell the story.

"We were waked by the shaking and knew immediately it was an earthquake. Most of us grabbed a few clothes and would have got right out of the building but there was Mother C. It took quite ten minutes before Mother C. could be got out."

"Were any of you hurt?" I asked.

"Mother C. was rather banged up, but I think it was in hunting for the matches.

"The smell of falling mortar began to choke us and we were very glad when we did get outside."

"What did you do then?"

"We just stood around and waited. There was nothing else to do. When morning came we got a few more things out of the house, but you couldn't stay in it and we were always expecting another shock.

"Usually when there is an earthquake there is a great roar and confusion in the town, but everything seemed very still. We began to think we had thought too much of this one, but little by little we would hear of So-and-So having been killed and then the stench of the dead bodies began to come up to us.

"Two of our boarders were killed. Two beautiful young girls. They had asked special permission to spend the week-end with their father, and he was going to take them to the cinema and they were killed."

"Did you have anything to eat?" I inquired.

"Yes. We had all our own fruit and vegetables and the *khan-sama* (cook) made a make-shift stove outside, but we had no bread and butter. Not for five days, until we got down to Pindi—but that comes later."

We asked Sister if she could sleep at night.

"Mother C. did, but most of us just sat on our beds. They brought them out on to the compound and then later we had tents. But the way people took all of our things was dreadful. If the army wanted a bed they came and took it. If some one wanted food they went into our 'go-downs' (storehouse) and got it. Before we left, we had nothing but a blanket a piece and a few clothes."

"Were there many fires and how did you escape?" was the next question.

"Yes, many people were burned to death. Our Sanctuary Lamp was hurled out the window by the shock or we should probably have had a fire.

"Sunday there was a second shock at 3 p. m. and really you wouldn't believe it but the mountains were dancing. I never saw anything like it. Our compound which was flat became a slope and you walked very gingerly for fear there would suddenly come a deep fissure. And then in the midst of it all the Queen of Quetta split in three.

"On Monday we tried to send our secular teachers down, but after waiting for hours to get on the train they were told they would have to wait until the next day.

"The rest of us were told we must leave on Tuesday. The stench of dead bodies was becoming insupportable, and there was nothing we could do and they (the people, not the corpses) had taken most of our things. We had been helping at the hospital but the patients were being sent to Lahore.

"So looking like a party of tramps we set off for the train. The

trip to Pindi usually takes twenty-four hours but it took us from Tuesday until Friday. At every station there would be relief people handing out food, and we were just longing for bread and butter, but everything was either biscuits or else food for the Mohammedans and Hindus. It was terribly hot. It had been all along. The army had given us topis, but the lack of sleep and the lack of proper food was beginning to tell. At Colonel..... was going to have a lunch ready for us and we were eagerly awaiting it, but somehow when we got there some one must have taken it because we never received it. When we reached the Sisters of met us and handed us an enormous tiffin (tea) basket. At last we thought our wants would be satisfied. We talked with them until the train left and then, with bated breath, we opened the basket to find our longed for bread and butter? No. Ten black fans and a bottle of eau de cologne. After that we gave up wishing or hoping for anything.

FOR BEAUTY'S SAKE

The poverty or wealth of Indian people can often be judged by the jewels of the women of the house.

"Isn't that terribly heavy?" I asked an Indian woman one day, picking up a heavy silver collar. The wearer, a Nepalese woman, glanced fearfully at her husband, hoping he had not heard the remark. (The Nepalese are eager to learn, and she was undoubtedly afraid he might really think it was too heavy for her to wear.)

"Oh, no," she answered quickly, "it isn't heavy at all."

"How much does it weigh?" I asked.

It is just a seer (2 lbs.) ; my anklets are $\frac{1}{2}$ seer each and both my bracelets are 1 pan ($\frac{1}{2}$ lb.)," she said with much pride. Then she continued: "My husband is an officer, not a common policeman."

The Nepalese women also wear large nose rings made of gold wire about the thickness of the tine of a table fork and about 5 inches in diameter. One end is fastened in the nostril and then the ring is tied back to the hair.

"Why do you wear that big nose ring?" I asked one woman. "Do you not find it very troublesome?"

Her husband was sitting near by, and said: "She wears it for beauty. Do you not think it makes her look beautiful?"

BETHLEHEM, WHEN CHRIST WAS BORN

The crib at the Motherhouse this year brought us a step closer to the realization of our ideal, namely, to present the cave at Bethlehem in its true historical and topographical setting.

This idea was conceived at Bethlehem itself by one of us who visited there some years ago. The city is built on the upper ledges of a great break in the Judean Plateau which rises more or less gently from a level of 2,000 feet above the sea at Jerusalem to more than 2,500 feet at Bethlehem. This break forms a gigantic, semi-circular amphitheater, whose terraced vineyards and olive trees stand out in striking contrast to the barrenness of surrounding, rock-ribbed mountains and chalky wastelands.

The Basilica of the Nativity marks the eastern terminus of this huge amphitheater and crowns a hill that is slightly lower in altitude than the western wing upon which the ancient city was largely concentrated. Facing this natural amphitheater, there are many mountains. One in the foreground seems so likely to be the one pointed out by tradition as the site on which shepherds were grazing their flocks when startled by the songs of the angels in the sky on the first Christmas night.

So deeply was our visitor impressed with the striking topography of Bethlehem that the conviction was then and there formed that no imaginary stage could possibly compare with the historical setting as the best scene for the drama of Christmas. This required, however, for practical realization, *dramatis personae* of comparatively small size. Fortunately for us, such characters were provided by Dr. Dengel's father from the Austrian Tyrol: eighty hand-carved statuettes of more than ordinary artistry. Each character is as individualistic as a distinct personality. Even the animals, the thirty sheep, the seven camels, the four donkeys, and the humble, cud-chewing cow, suggest domestic creatures whose acquaintance one is glad to make.

To build the historical setting at Bethlehem in proportion to these statuettes, which average six inches in height for men, would require the huge gymnasium at the Catholic University. Obviously this was out of the question. So last year we selected only three scenes, the cave where Christ was born, the Inn where the Blessed Virgin and St. Joseph were refused hospitality, and the shepherds on the hillside, pasturing their flocks. This we made into separate exhibits. This arrangement, however, required one of our sisters to act as guide to our many visitors, to paint in words what we were

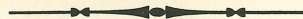
not able to reproduce in scale, the background of historical Bethlehem.

The advance this year consisted precisely in painting this background. We selected only the crib and the rough roadways that led immediately to it at such an angle as to permit us to paint into the scenery the background of the Inn, the city and just a small section of the vineclad amphitheater, with the surrounding mountains, especially the inverted cone-shaped Herodium, in the distance. The relatively higher altitude of Bethlehem over the neighboring mountains is also cleverly emphasized.

The method of producing this effect was also unique. Only the cave and the roadways were built in reality and only the statuettes were real. All the scenery was first made into a stereopticon slide and this in turn was made in exact proportion to the cave and highways, so that the general effect, except for color, may be gathered from the picture facing page 17.



Let us learn from Jesus in the manger to hold the things of the world in such esteem as they deserve.—*St. Francis de Sales.*



Current Medical Mission News

When Father Loiselet, S.J., died on September 8, at the age of 61, there ended an outstanding life of service as doctor, soldier, priest and missionary. Born at Dijon, he made his medical studies in Lille, Paris and Dijon and received his degree in 1899. After his ordination as a Jesuit, he devoted himself to the missions, serving the leprosy foundation at Marana and a dispensary at Fianaranysoa. He served with honors during the World War and later held the chair of parasitology at the Catholic University of Lille. He organized the well-known medical course for future missionaries at Lille and compiled the "Medical Breviary" for their use. R. I. P.—*Les Missions Catholiques*, November, 1935.

By an agreement between the Colonial government and the *Aide Medicale Aux Missions*, the Catholic mission doctors working in the Congo will become colonial officials. According to their contract with the colonial government (for a period of two, five, twelve or more years) they receive a steady salary, increasing in the course of years of service, they are entitled to a regular vacation at home, and when they grow old are eligible for a pension. Their twofold task consists in rendering service to the missions and to the districts designated by the government. In carrying out the latter they are under the direct supervision of the government which, on its part, makes the arrangements and supplies the remedies. As servants of the missions, they must work in the hospitals, child welfare centers, public health stations, and treat all natives, teachers, and missionaries free. The chief center is their own home where they should be assisted by a nurse and a native staff. They should also conduct a native training school for nurses, one for men and another for women. These native nurses will be afterwards employed in different parts of the district.—*Die Katholischen Missionen*, August, 1935.

The assassination of the Rev. Henry Biron brought to a close a life of devoted service to the Lolos, a savage people, for the most part Chinese who live on the borders of China and Tibet. For ten long years he labored at gaining an entrance into their midst by living in the country districts of Kien-oui and of Magpieu, bordering on Lolotie and paying them continual visits of gradually increasing

length. His chief means of winning their friendship was by rendering them medical aid, which is in fact their greatest need. When he deemed the time opportune, fully aware of the overpowering difficulties confronting him, he sought and obtained permission from his religious superiors to work among the Lolos exclusively. He also obtained permission from the sub-prefects of the district. Despite their approbation and authorization and notwithstanding the protection of three guards (osnoirs), he was slain by the tribe of Lo-o on August 20, 1935, in a most barbarous manner at the age of fifty-three. He was a priest for twenty-nine years. R. I. P.—*Les Missions Catholiques*, November, 1935.

At the International Congress of Catholic Nurses held in Rome two mission topics of importance were discussed: the special formation of Sisters and lay nurses who are sent to the missions and the importance of preparing native nurses on the missions.—*Hospital Progress*, Nov., 1935.

Fathers Charles and Jean, two Capuchin priests, and Dr. Ferron, the French Consul at Harrar, Abyssinia, are fighting a war of their own, a war against smallpox and leprosy which are ravaging the district.

Father Charles has been in Abyssinia for 38 years. During this time he made one trip to France and spent four years fighting in the trenches. The decorations which he won at Verdun are of no interest to him in comparison to this war against disease and slavery.—*The Universe*, Nov. 15, 1935.

Jesuits, White Fathers and Praemonstratensians are distinguishing themselves in combating sleeping sickness and other communicable diseases. Brother Philip, O.Prae., has reduced the number of cases of sleeping sickness in the district of Buta from 171 in 1925 to 40 in 1933. Brother Philip completed his medical studies in Belgium before going to the missions. Recently Brother Philip has begun to take leprosy patients into his hospital.—*Die Katholischen Missionen*, September, 1935.

THE MEDICAL MISSIONARY

BY REV. MICHAEL A. MATHIS, C.S.C.

After one year of publication of THE MEDICAL MISSIONARY, in its new format and contents, it may prove interesting to our readers to know what people think of it.

Naturally, our own devoted subscribers commented first upon it. They wrote us in large numbers. The most common note sounded by them is contained in a letter from a New York friend:

"Your new form for THE MEDICAL MISSIONARY is splendid and very much more interesting than the old. I look forward eagerly to each issue."

Perhaps one may also look upon the decided improvement in renewals as a favorable reaction to the new magazine. During November, for example, twenty percent of our subscribers renewed.

With such a decided change from a popular to a more serious review, now issued only quarterly instead of ten times a year as formerly, it was to be expected that some would be disappointed. The disappointment of the largest number is voiced by one of our first and most devoted friends from London, England:

"The new magazine certainly seems an ambitious venture and is very well done. In a way I miss the little mission pictures which put one in touch with the work and sisters in the field. Then also, the old publication, coming monthly, helped to keep up the interest and support."

We appreciate this noble loyalty to the homely and genuinely interesting features of the former review. Indeed, it is our hope and endeavor to retain all these features which, however, in a much larger review do not loom so large as they did formerly. Even the frequency of issue can be remedied in time by growth and means.

The most scathing criticism came from an American friend:

"Just another stereotyped Catholic review which formerly had the distinction of having a personality."

We would not comment upon this criticism except that it gives us an occasion to point out a feature of our review which has not been generally noticed. It is not exact to say that ours is just another stereotyped Catholic review (not that we object to being placed in such distinguished company or that we agree to the statement that Catholic magazines are stereotyped), because in our "Review of Reviews" section, for example, ours is the only English magazine that gives a bird's-eye view of Catholic thought on missions as recorded in

the outstanding and most scholarly Catholic mission periodicals published mostly in foreign languages. This feature, though greatly abbreviated, is a distinct contribution to current Catholic mission literature published in English.

Some Motherhouses of other mission societies have graciously noticed the change in our magazine. Father John Considine of Maryknoll, N. Y., in his own way strikes the common note:

"Thank you sincerely for the copy of the new MEDICAL MISSIONARY. I think the make-up is excellent. It is sober and serious and yet very attractive. There is the note of the man of science about it which reveals your tendencies."

Sisters from many different communities voice the comment of Sister Ignatius Loyola, S.N.D., of Villa Julianne, Dayton, Ohio:

"Inclosed please find money order for one year's subscription to THE MEDICAL MISSIONARY. I congratulate your society on the improved appearance of the review."

The Catholic Hospital Association sent its notice of our new periodical through its executive secretary, Mr. M. R. Keinfl:

"May I take this occasion to extend to you our congratulations upon the ninth volume of your esteemed publication. Its new 'dress' gives to the journal a very effective appearance. The editorial contents are well presented. We are publishing a news item to this effect in the forthcoming issue of *Hospital Progress*."

A characteristic comment of members of the Catholic Students' Mission Crusade came from the Isaac Jogues Unit, North American College, Rome, Italy:

"It is quite encouraging to see how your magazine has grown in the last year. It always has an important place in our mission reading room. Your work is a noble one and here's hoping that the magazine will prove to be of great advantage in the development of your society."

The brief sentence of Father Patrick O'Connor, of *The Far East*, illustrates the editorial opinion of mission magazines:

"I congratulate you on THE MEDICAL MISSIONARY in its new form, and the idea behind it."

After taking notice of our revamped journal shortly after its appearance, Mr. George Shuster of the *Commonweal*, writes as follows when the latest issue reached him:

"A copy of THE MEDICAL MISSIONARY has just come, and I must tell you, after hastily looking at it, that it seems to be improving steadily and to be performing a great mission."

Central-Blatt and Social Justice wrote to our new review as follows:

"Interesting and valuable contents are presented in an attractive shape;

the April issue contains a number of important contributions, among them one by H. C. E. Zacharias, an authority on Indian affairs. We wish to recommend both the review and the Society of Catholic Medical Missionaries to our members."

The secretary of Liturgical Arts Society, New York City, asks for an exchange of reviews in the following bouquet:

"Some weeks ago I came across the January, 1935, number of your publication and was quite taken with the excellence and wide range of the topics treated. I wonder whether you would agree to exchange your publication with our own magazine, *Liturgical Arts*? Under separate cover I am sending you a copy of our last issue, largely devoted to the question of native art in mission lands. I might say that this is a double number but I believe that all issues contain material that would interest you as much as your own paper interests us."

The Catholic Nurse of London observes:

"This year saw the development and (as we think) a great improvement in THE MEDICAL MISSIONARY, the quarterly journal published by the Society of Catholic Medical Missionaries. It contains an interesting article on 'Leprosy,' by one of the sisters, and other articles dealing with Indian life."

Even *Federated India*, a Hindu weekly, which is published every Wednesday evening in Madras, India, welcomes our new review in the following congratulatory words:

"This well-brought-up journal is published four times a year by the Society of Catholic Medical Missionaries of U. S. A. in the interests of medical missions and women of the East. It is the peculiar feature of the Catholic Medical Missionary Sister to be allowed to act as the true Christian to the women of India and live as an exemplar to be followed. The articles are varied in their interest and deal with such divers problems as the survey of leprosy, an account of Raja Rammohan Roy and of the Theosophical Society, of the Ramkrishna mission and other kindred movements of Reformed Hinduism; and of the works of St. Xavier in the Indies and particularly in Japan. Gandhi's view on birth control is given a prominent place. The Society conducts a hospital in Rawalpindi and a training school for nurses in Dacca whose worth should be well appreciated by all thinking Indians."

SNAKES AND SNAKEBITES

BY SISTER M. LEONIE, S.C.M.M.

"A snake is a limbless animal belonging to the class of the Ophidia." (Webster).

Snakes are curious animals. Their noiseless, gliding motion, with its suggestion of stealth, perhaps adds to the fear in which man and animals hold them. A bird will flutter uneasily before the steady, glassy gaze of a serpent. Horses have refused to enter swamps where snakes were numerous. Man shudders involuntarily if he crosses the path of a snake.

The snake stands as the symbol of treachery and cunning, as is shown by such expressions as "to harbor a viper in one's bosom," and "to bear a viper's venom to one's enemy." In the Gospel story no stronger expression is found to denounce the Scribes and Pharisees than to call them "a brood of vipers."

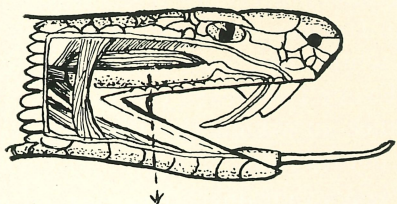
Yet the presence of the snake in the emblem of the medical profession and the Brazen Serpent in the desert which cured those Jews who approached it with confidence are facts which seem to contradict these current notions concerning snakes. But this is not so strange as it appears at first sight. We have only to delve into the ancient fables or even the mythology of some peoples of today and we shall see that primitive peoples considered the snake as a symbol of awakening life and resurrection rather than of poison and of craftiness.

Certain religious cults have snakes as objects of worship. In *Shavran* (the Hindu month, July-August) the Hindus have a holiday dedicated to Shesh, the thousand-hooded cobra, on whose coils the god Vishnu reposes. The god Krishna rests during part of the year on the coils of Vasuki, the mystical snake, descending when spring comes, full of reinvigorating power, in keeping with the season. In Bengal, India, a day is set apart for the worship of the *Nagas* (snakes), the ceremonies being performed under a cactus tree. In their Shamanistic rites the North American Indians made use of the snake as the emblem of life-giving power, while their medicine men employed it as a symbol of resurrection. Every two years the Hopi Indians of Arizona performed a snake dance in which the leading priests carried live snakes in their hands to obtain rain.

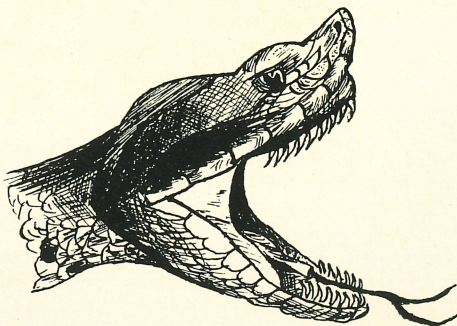
The snake is a curious animal in more ways than one. The most



In Bengal a Day Is Set Apart for the Worship of Snakes



Pocket containing well-known and much feared venom



Series of teeth in jaws of non-poisonous snakes



The Holy Family

peculiar feature of its anatomy is the absence of limbs. Some species, for example the Python and the Rock, have small spurs, apparently the remnants of hind limbs. Though they have no organs of locomotion so-called, snakes can move with astounding rapidity. The ventral surface is rough and scaly; the scales can be erected at will and they also provide a holdfast on the ground, when the snake pulls up its body. These holdfasts are so strong that it is very difficult to pull a snake out of a hole against its will without injuring it considerably.

An interesting story is told about the origin of the markings on the hood of the Indian cobra. One day the cobra saw Buddha sleeping in the burning tropical sun and spread its hood to protect the slumbering deity from the heat. Buddha, touched by the kindness of the snake, promised to repay the favor but forgot to do so. About the same time, the cobra was being preyed upon by the Brahminy-kite, so the snake went to remind the great god of his promise. Then it was that Buddha painted on the hood of the snake a pair of large spectacles, which would frighten the kite away. The hood, in reality, is formed by the upper twenty pair of ribs which instead of being curved like the other ribs, are straight.

The spine of the snake is long and flexible. The number of vertebrae and their corresponding ribs is exceedingly large; in some species they may number as many as three hundred. The vertebrae articulate with one another by means of enarthroses or ball and socket joints. The ribs are joined to the vertebrae in the same way. This arrangement accounts for the great mobility of the snake's body, and permits the reptile to swallow prey much larger than it otherwise could without dislocating its ribs or bursting its skin. If one can imagine countless joints, arranged in series and parallel, with the possibilities of motion that a human shoulder joint possesses, one can appreciate the large amount of movement possible in a snake's cylindrical body.

The jaws of the snake are also of anatomical interest. They consist of several bones, which are loosely attached by powerful elastic ligaments. When the snake is about to swallow a prey which is too large for its head and neck, the strong ligaments of the jaws stretch, the bones separate and the prey slips through without causing any dislocation of the jawbones. After the food has passed the oral cavity, the elasticity of the ligaments causes the bones of both the palate and the jawbones to return to their original positions.

There are teeth, placed in a backward direction, on the bones of both the jaws and palate.

This arrangement prevents anything that has passed the teeth from being regurgitated. The animal itself cannot regurgitate at will a prey that it has swallowed. In "Animal Creation," a popular natural history, the story is told of how a small snake attempted to swallow a mouse too large even for its elastic jaws. The mouse was swallowed but it burst through the neck muscles.

The tongue of the snake is long and forked. Whether or not the animal uses it as an organ of touch, i.e., as a feeler, has often been discussed. It is certain, however, that the tongue has nothing to do with the bite or with the venom.

Venomous snakes have no teeth in the upper jaws, only the two powerful fangs. This characteristic enables one to differentiate between the bites of a poisonous and a non-poisonous snake. The impression left by the bite in the skin of the victim differs in the two cases: that of the innocent non-poisonous snakes consists of a series of indentations corresponding to the series of teeth in the jaws, while that of the viper presents two deep punctures. Fairley is of the opinion that the distance between the punctures might be an indication of the amount of venom injected. He believes that within limits the snake controls the amount of venom that it injects into its victim. Acton and Knowledge computed that a lethal dose is introduced in only 10 to 15 percent of the bites of venomous snakes in India.

The poisoning apparatus of the venomous snake is a most ingenious product of nature's art. The poison-fangs, delicate, fine, needle-like structures are folded backward in the resting state. They are partly ensheathed in muscular substance. In some species these poison-fangs can be erected at will but in most serpents they spring mechanically forward, assuming a vertical position, when the snake, preparing to strike, opens its mouth. These fangs are canalized, one end of the hollow duct opening at the free extremity, the other leading to a specialized glandular structure which is located at the side of the head, behind the orbit and above the upper lip. It is a relatively large gland, and its location gives to the poisonous snakes their peculiarly wide head.

Histologically, the gland is a serous gland of the compound racemose type; it is thought to be a modified parotid gland, one of the salivary glands found in the higher animals. The secretion is a yellowish serous fluid, the well-known and much-feared venom. Only a very small amount of poison is present in each individual gland; from an adult rattlesnake for instance, only eight or ten drops of venom

can be extracted by pressure, while the adder possesses not even a twentieth of that amount.

This venom is exceedingly powerful, one gland containing many times a lethal dose. The Indian *Tic-polonga* kills a chicken in 36 seconds, a dog in 26 minutes. For a man, the lethal dose of Russell's viper is 42 mgm., that of the cobra 15 mgm., while the common krait injects 1 mgm. and kills its victim. The toxicity of venoms varies in different species and for different animals of the same species. It was thought that the different actions of the diverse venoms could be explained by the varying amounts of venom injected. However, there are essential differences in the venoms of the snakes of different species.

Some venoms contain more of the neurotoxic element, i.e., their introduction into the bloodstream causes pronounced nervous symptoms, while others act principally by the violent hemolysis they cause. Two main classes of venoms are recognized: the venoms of the colubrids and those of the vipers. The colubrids kill by curare-like paralysis of the respiratory mechanism; the vipers by peripheral cardio-vascular shock.

The bite of the cobra (colubrids) is not the same as that of the rattlesnake (vipera). In the case of the bite of an Indian cobra, symptoms set in after a few minutes. The patient becomes very nervous, the blood coagulation time is greatly increased and there is an enormous destruction of red blood corpuscles. He becomes nauseated and cannot talk and his mental faculties become dulled but he is not unconscious. Death usually occurs in about three or four hours due to respiratory paralysis.

The bite of a rattlesnake is very painful. Local symptoms appear almost immediately. The swelling around the bite takes on a mottled appearance. General symptoms may occur immediately or be delayed for a few hours. The symptoms are indications of shock and are followed by muscular twitchings, convulsions and finally by paralysis and death.

The venom when introduced directly into the bloodstream is quickly fatal. The lag observed in ordinary cases is due to the time that it takes for the venom to be absorbed by the bloodstream; this is only a question of minutes, as the appearance of the symptoms shows. Animal experiments have shown that in the case of a monkey it takes eight minutes for a minimum lethal dose of cobra venom to reach the circulation, while a minimum lethal dose of tiger snake's venom for a sheep is absorbed in only two minutes. On the other

hand, in the case of a bite, some venom often remains in the wound for hours. Dr. Crimmins related the case of an old negro, who was bitten 14 hours before he came under observation. Suction was applied and the extracted bloody serum was injected into an animal which promptly died, revealing the fact that even after 14 hours some venom was present.

Moyse Charat, "*apothécaire-artiste du roi en son jardin des plantes*," in the seventeenth century believed that the power of the snake was entirely spiritual; he maintained that a snake to be poisonous must be angry. Redi, however, who displayed a more scientific spirit, refuted Charat's opinion in a letter dated 1670, in which he observed that the saliva of the snake contains the poisonous principle and that the saliva retained this principle even when isolated from the snake. It was not until the year 1767 that Fontana confirmed Redi's observations. After that, nearly a century elapsed before any scientific investigations were carried on.

In 1843 Lucien Bonaparte isolated from the snake venom a substance of protein nature which he called "viperine." Interest in the subject of venom continued to increase and in 1860 Weir Mitchell and Reichert separated an active substance which they termed "crota-line," Peddler in 1878 produced a substance called "najine."

Mme. Phisalix and Bertrand, working on venoms, observed the close resemblance between the properties of bacterial toxins and those of the venoms. The idea occurred to them that just as the injecting of bacterial toxins in animals produces an antibacterial serum, so the introduction of either small quantities of venom over a prolonged period of time, or of attenuated venom over a shorter period might produce an antivenomous serum in animals. The venom was attenuated by heating a watery solution of it to 75° C. for 15 minutes. This they injected into a guinea-pig. After a lapse of a certain time the serum of the animal proved to be antivenomous both *in vitro* and *in vivo*. *In vitro* it neutralized the poisonous principle of the corresponding venom; *in vivo* it counteracted the evil effect of a dose previously inoculated.

The Calmette anti-cobra serum, which is now used extensively, is obtained by injecting venom, which has been previously attenuated by adding hypochlorite to it, into the animal. Calmette had great expectations of this serum, thinking it might act as a cure for the bite of any venomous snake, but it proved to be specific for the cobra. This is true of any antivenin; it is specific for the venom from which it is prepared.

Therefore it is important to determine the exact species of snake which bit the patient. In India where there are about 30 different species of venomous snakes, this is done by insisting that the offending animal be brought to the dispensary where the victim is to be treated. The attending physician can then administer the proper anti-serum; if he does not know the species of snake he is unable to give intelligent treatment.

The antivenom used in the United States, or the North American anti-snake bite serum, is a purified and concentrated serum of horses, treated with venoms of *Crotilidae*, a class of snakes. The polyvalent serum counteracts the effects of the bites of the copperhead, the cottonmouth moccasin and the rattlesnake, but it is ineffective against the bite of a coral snake. All the first mentioned snakes belong to the class of the pitvipers, the bites of which are more commonly encountered in this country.

Although the administration of antivenoms is an important feature in the treatment of snakebites, yet its value is often overstressed. It is used primarily to neutralize the venom which is already absorbed in the blood stream and to build a neutralizing wall around the wound. Dr. Crimmins quotes a statement of Dr. Dudley Jackson, an authority on snakebites and their treatment, which runs as follows: "Our first treatment in all cases regardless of the time they are bitten is to use the mechanical suction for at least an hour. It is not until this is thoroughly done that we inject antivenin. We leave this for only an hour and then resume the suction treatment." Dr. Dudley Jackson performed with Dr. R. L. Rhea, 700 experiments on animals in order to determine the best treatment to administer. The conclusion quoted above is his, namely: antivenin undoubtedly has its place in treatment but not to the exclusion of the old proven way of suction.

The first-aid in case of snakebite is to tie a tourniquet about two inches above the bite, in an attempt to prevent the poison from spreading into the circulation. Suction is then applied. In emergency a bystander can apply suction by mouth. This is harmless because the venom is destroyed by the gastric juice. Venom is absorbed through abrasions of the skin and mucous membranes; therefore those who have any abrasions in their mouths should not attempt to suck out a wound inflicted by a poisonous snake.

India has a mortality of 20,000 per annum, due to the bites of snakes of one kind or another. This number is appallingly large, strangely so, if one compares it with the number of recorded deaths due to the same cause in other countries. In Java, where there are

forty million people, snakebites are rare. In 1920, only five cases were recorded there with no fatal results. In Australia, with its six and one-half million inhabitants, there is a death rate of 12 yearly. It has been said that there are more different species of poisonous snakes in India; but Formosa has 12 different species of poisonous snakes and yet the number of victims of snakebites is very small. Neither are the snakes of India particularly harmful. The *Naja* and the *Bungarua*, which belong to the most dangerous classes of snakes are found in both India and Java. Colonel Elliot considers the Indian mortality statistics unreliable because they cover a great many murders. Yet, if this is taken into account and also the possibility of administrative errors, there still remain a great number of deaths due to the bites of these limbless animals.

In a country where so many cases of snakebites occur it is not to be wondered at that just as many remedies exist. If a snake bites a person he is, according to the belief of the natives, marked for death. One of the innumerable remedies is quickly given, and the victim recovers; this would have occurred just as promptly had no remedy been given for the very simple reason that either the snake was not a poisonous one or that the poisonous snake did not introduce a lethal dose. One of these cures is the so-called snakestone. It is a piece of hard "something," anything from a piece of hard chewed-out-tobacco to a piece of wood. The snakestone is applied to the wound and is supposed to cure the victim. Another rather amusing cure is the "fowl cure." Chickens are robbed of some of their feathers and set with the bare surface on the wound. The first 30 chickens let their feathers droop and die; the next number have drooping feathers when they are removed from the wound but seem to recover from the shock, while the patient is declared cured when the chicken does not show any tendency towards sickness and death but flies away cackling. The explanation the Indian quack gives is that in the beginning there is much poison in the wound and the chicken absorbs it, becomes sick and dies; the next lot, placed on the wound when some of the poison has already been removed, become sick but do not die; the patient is cured when the chickens fly away, showing that there is no more poison left in the wound. A very plausible explanation indeed, but a skeptical investigator revealed the fact that the chickens became droopy-looking and died of various degrees of asphyxia, produced by the strangling hold of the would-be doctor on the larynxes of the birds.

Mashmer experimented and investigated 314 Indian drugs and

184 combinations of drugs and came to the conclusion that: "none of the Indian plants recommended for treatment of snakebites has any preventive antidotal or therapeutic effect."

The question has arisen in the minds of those who have watched the snake charmers handle their dangerous charges, as to whether or not they have acquired a certain amount of immunity. In the scientific world it is believed that immunity, as such, is unlikely. However, a certain amount of resistance is observed. When Calmette was working on his cobra antiserum he transported a few mongoose to France. The mongoose is a deadly enemy to the feared cobra and preys a great deal on it. Calmette noticed in the mongoose a decided resistance to cobra venom, during the first eight months of its stay in France, a resistance which, however, it gradually lost. Colonel Elliot, discussing a paper by Dr. Fairley said that in his experience, snake men of South India knew no method of immunization. It seems to be rather a question of great dexterity in the catching and handling of their nags, for if they are bitten they are just as likely to die as other human beings.

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Book Reviews and Review of Reviews

THE 1935 WÜRZBURG YEARBOOK

KATOLISCHE MISSIONSÄRZTLICHE FÜRSORGE, JAHRBUCH, 1935

The annual publication of the Medical Mission Institute at Würzburg always is a welcome arrival and this 12th edition is especially worthy of our attention and consideration. More and more the Würzburg Yearbook becomes an accurate recorder of the development in medical mission thought and medical mission activity the world over.

It has always been the aim of the Würzburg Institute and its eminent director, Rev. Dr. C. Becker, S.D.S., to stress the fact that medical missions, to be effective should become an integral part of missionary endeavor in general; only then will the care of the body lead to the saving of the soul. Dr. Becker emphasizes this point again in this Yearbook, in a splendid article on the development of medical missions in our times. After mentioning the pioneer work done by Cardinal Lavigerie at Malta, that of the Sisters of the Good Shepherd, Dr. Agnes McLaren and Dr. Anna Dengel in India, Dr. Becker tells of the personal interest of Our Holy Father, Pius XI, in the medical mission movement, and the marvelous development of this latest phase of missionary work of our Holy Mother the Church, during the last ten years. This world-wide survey of the present status of the medical mission apostolate is permeated with that enthusiastic idealism and yet prudent conservatism which makes it a trustworthy account of actual facts.

If Dr. Becker's article makes us realize the almost unlimited possibilities of this far-reaching work, several of the articles which follow, furnish convincing evidence of the truth of this statement and are especially worthy of mention. In Dr. Anton Freitag's discussion on the "Principal ideas concerning the Colonization value of Catholic Missionary work," Dr. Freitag shows that it is the aim of missions, and more particularly of medical missions, not only to bring

the light of the true faith to the pagan world, but also to spread science, culture and true civilization.

Dr. Max Kohler from Natal, South Africa, contributes a very thorough study, "Medical Care of the Negro," in which he discusses the various problems which arise when bringing medical aid to the primitive peoples of Africa. How great is this need in some areas of this continent may be deducted from a statement made by Sir Frederick Lugard, who mentions one district which has one physician for three-fourths of a million people.

An article by Dr. Martha Ditton, "About My Patients," is another proof of the wholeheartedness and the loving enthusiasm with which the Würzburg workers give themselves to the service of the missions. Dr. Ditton brings out the point that it is not sufficient to take care of the sick but it is also necessary to penetrate into their ideas and customs, to adapt one's self to their outlook on life in order to lead them on to the source of true happiness. Ethnological study of the people leading to the knowledge of their character and ideas should be utilized for their service for as Goethe said: "*Ein wissen, das die Liebe nicht mehrt, ist vom Bösen.*"

The previous issues of the Yearbook always contained an interesting article from one of the first members of the Institute, Dr. Fritz Drexler, who has worked since 1927 in Tsinchow, China. This year it is a "Farewell," to his beloved mission field, for the hospital in the Tsichow mission was destroyed by hostile bands of natives during Dr. Drexler's absence and it was deemed advisable by the mission authorities to discontinue all medical mission work there for the present. Dr. Drexler's work at Tsinchow has been an inspiration to all medical missionaries, and it is our sincere wish that he soon may find a new field of labor.

Several other articles bring medical mission news from all parts of the world and review also the splendid work being done by Protestant missionaries at this time. We are happy indeed to learn that the Würzburg Institute has at present 20 doctors and 2 nurses in the field, while 14 doctors and 75 medical students are still preparing themselves for their future work. A book review closes this very interesting Yearbook which moreover contains a handy and much appreciated Name-and-Object-Index.

SISTER M. ELEANOR, S.C.M.M.

MEDISCH MISSIE MAANDBLAD. Edited by the Dutch Medical Mission Committee, Rotterdam. May, June and July, 1935.

The May number of this publication presents in a graphic way the manifold medical needs of various mission countries by publishing letters and photographs sent by missionaries who are old friends of the Committee and often alumni of the medical courses for missionaries.

The first letter strikes a new note in this respect. It is a description of Father Beltjen's work in Flores (Dutch East Indies). Father Beltjen teaches at the seminary in Todabeloe the following rather unusual subjects: biology, pathology, hygiene and nursing. In connection with these classes he has organized trips to the "kampong," the native village, where the newly acquired knowledge is put into practice. The Dutch Medical Mission Committee has undertaken to sponsor this promising enterprise.

Of the other letters, all from missionaries in the field, little need be said. Everywhere it is the same story of generous care and treatment of the sick, handicapped on all sides by lack of means and medical knowledge. Finally the Medical Mission Chronicle brings the history of medical missions up to date. In the June number we note especially Dr. Herman's address at the Medical Mission Day in Brussels, May 31. The article stresses the value of international cooperation in the following points: statistics on death and disease among missionaries, physical examination and medical training before departure to the mission field and the distribution of medicines. It seems, however, that the time is not yet ripe for a practical application of this principle.

"Foreign Bodies in Nose and Ear" is one of those excellent medical talks which are given regularly at the monthly mission broadcast. This article, especially, is outstanding for its completeness and the valuable information which it imparts. Letters from the missionaries and a chronicle of current events follow.

In the July issue we find a statement of Dr. Herman's that all efforts to send out Dutch lay-doctors to the missions have met with failure, and that the Committee has not much hope for the future in this respect. But recognizing the great need of professionally trained medical missionaries the Committee generously offers its support to the only *religious* medical mission society which has Dutch subjects among its members. Three medical talks form the bulk of this number and we ask special attention for the second of these:

"Obstetrics in the Missions." This study clearly shows that in this field women can work with much more success than men and that the best results may be expected from professionally trained sister-midwives who in turn can train native women for this work.

The two other articles: "Hygiene of the Skin" and "Treatment of Malaria" both present a well-known subject in a pleasant and competent manner, while a few letters from missionaries wind up this issue.

ZEITSCHRIFT FÜR MISSIONSWISSENSCHAFT. Editor, Prof. Dr. J. Schmidlin. Münster, April, 1935.

The first article in this number, "A Few Forms of Neo-Paganism" by Chr. Schroder, consists of an analysis and a refutation of several modern pagan systems, among which the thesis of Alfred Rosenberg and Ernst Bergmann are best known. The author tries to meet these scholars on their own ground by showing that the basis on which all these systems are built is essentially false. According to these writers, religion is closely linked with race in the same way as any other expression of a people, such as art, language, culture. But ethnology and a comparative study of religion shows the opposite. The greatest religions of mankind, Christianity, Buddhism and Mohammedanism, have spread over a number of races. In the same way it can be proven that mysticism is not typically "Indo-German" as these writers maintain, but that it is found in many other systems. The whole history of German religious life also tends to falsify these propositions. The article is most timely and fundamental, striking at the very roots of neo-pagan doctrines.

Most instructive, especially for missionaries to China is the next article, a study of the Confucian concept of order in comparison with the "ordo" of Saint Thomas Aquinas. Father Kusters, S.V.D. goes into this matter very thoroughly and shows how Christianity can and should be presented to the Chinese not as something foreign to their own culture and traditions but as the natural and supernatural completion and perfection of the same. Dr. Thomas Ohm, O.S.B., draws attention to the dark continent with a discussion of "Society and Missions in Africa." One of the most striking qualities of African cultures is that they are not individualistic but highly social, i. e., the society, or better the tribe, is or at least used to be the most influential factor in the life of the negroes. This is shown in many points, viz., their common possessions, many old customs and traditions and most of all common religion and way of thinking. But the invasion of

European civilization together with the efforts of missionaries have broken up this unit of negro-culture and very often have substituted nothing in its place. Dr. Ohm pleads for a better understanding and more consideration for this fundamental characteristic of African civilization on the part of the missionaries, which will ultimately benefit the missions also.

Then follow short reviews of German Protestant mission work and Protestant mission magazines and a lengthy survey of Catholic missions in America. Among the book reviews we note especially Prof. Schmidlin's criticism of the "*Guida delle Missioni*," the recent publication of the Propaganda.

ETUDES MISSIONNAIRES. Under the patronage of the "*Amis des Missions*." Paris, July-September, 1935.

Paul Lesourd, the well-known French mission writer, opens this number with a study of the "Spirit of the White Fathers." The general rule that the success of any missionary society depends ultimately upon the spirit which animates its members receives the most striking evidence in this case of the "Society of African Missionaries." When we consider the specific qualities of this society, complete adaptation, great prudence in preaching and evangelizing, the causative relationship between the "Spirit of the White Fathers" and their success among the Mohammedans becomes very clear. Adaptation and learning are necessary to win respect and confidence and a restraint from all proselytism paves the way towards mass conversions, the only hope of planting the Church in Mohammedan surroundings. It is interesting to note that Cardinal Lavigerie recommended the care of the sick as the surest and quickest means to gain the confidence of the natives.

A questionnaire on the "Family Among the Natives of Africa" is being put out by the *Etudes Missionnaires*, and has for its object to determine the exact position of women in African society. Closely related to this is the report of the International Conference on Labor and the petition, signed by a number of international societies, requesting a prohibition against the employment of women in mines.

Among the documents we find a few Kanaka stories, collected by Father Montauban, which form interesting material for a study in ethnology and incidentally often give the key to the mental processes of these natives.

Finally, Msgr. Beaupin reviews several letters and speeches of famous persons on the old problem of the relations between East and

West, and Dr. Rommerskirchen, O.M.I., gives a bibliography of the Italian mission literature of the last ten years.

L'AIDE MEDICALE AUX MISSIONS. Brussels. October, 1935.

In a brief but sympathetic note the Belgian medical mission magazine recalls the tragic death of Queen Astrid, of whom the organization holds many personal and grateful memories.

The announcement that Father Verhorsel has succeeded Father Vermeulen, the recently deceased chaplain, was received with great joy by all the centers of the A.M.M. and also by their friends.

In this issue the reports given at the Medical Mission Day in Brussels, May 30, are completed. Professor Havet heads the list and immediately touches upon a vital point: "The Medical Future of the Missions." It is obvious that European and American doctors alone will never be able to cope with all the medical work in the tropics and that a native medical staff is as necessary for the hygienic uplift of a people as a native clergy is for its religious conversion. Professor Havet is fully aware that the ideal of having sufficiently well-trained native doctors is still very far from being realized and as a transitional measure suggests the training of a large army of indigenous "public health agents." Missionaries would be the natural leaders of this system. Theoretically this scheme is advisable, but in practice it is not so simple, as many contemporary efforts to carry out this same idea have proven.

For the review of the second report rendered by Dr. Herman, we refer our readers to the "Medisch Missie Maandblad."

With special interest we read Dr. Merchen's article "Obstetrical Assistance in the Belgian Congo." It gives an excellent picture of the work which has been done in this regard in the Congo and of the difficulties connected with the work. The simple statement that 95 per cent of the native mothers receive no professional medical care is a challenge to the whole of Catholic mission-minded Belgium. Dr. Merchen hopes for excellent results from the trained Sister-midwives, under the supervision of doctors. About one-third of the congregations of Sisters working in the Belgian Congo have trained midwives listed on their personnel. The writer also suggests the use of lay-midwives in places where the circumstances or Canon Law do not permit religious to do this work. The question is beset with difficulties on all sides, technical, religious and even social; but it constitutes one of the most vital points of all medical missions and, as such, merits careful study and determined efforts.

We may pass by the next two articles which present subjects well known to our readers: "The Society of Catholic Medical Missionaries" and "Dr. Margaret Lamont," by Dr. Arlette Butavand. However, we ask special attention for Dr. Capelle's discussion: "Dispensaries in Africa." Dr. Capelle takes Dr. Webb's article on the "Sub-dispensary System in Uganda" as his guide for a study of dispensaries in the Congo, and gives a clear idea of how dispensaries should be conducted in the missions. Each small village needs its own medical centre, conducted by one or more native nurses, or where this is not possible, by European nurses, preferably Sisters. Those in charge of these dispensaries should be able to diagnose the common diseases and to give simple first-aid and nursing care. Supervision by a doctor should be thorough and constant, and the cooperation of the native population is to be sought as much as possible. To be sure, much of this is theory but the system has its best opportunity of realization in the Belgian Congo where close collaboration of the Catholic government and the missionaries is possible.

Finally, there is an article on "Syphilis in Africa" in which Dr. Veckmann tries to explain the difference in the symptoms of syphilis in Europe and Africa, notably the lack of central nervous system disorders in African syphilis, due to the use of neosalvarsan treatment which inhibits the first stages but has no influence on the last phase of syphilis. But the truth of this statement remains to be proven.

IL PENSIERO MISSIONARIO. Edited by the Missionary Union of the Clergy. Rome. September, 1935.

The September number of *Il Pensiero* opens with a continuation of Father Perbal's survey of the history of the native clergy. After having described the origin, history and present status of the subject in Indo-China, China, Philippine Islands and Africa, the author proceeds to discuss the underlying principles and particularly stresses these points: the native clergy as a mission method, the historical argument which is unmistakably in its favor, and, finally, the instructions from Rome as they are noted in the two great missionary encyclicals, *Maximum Illud* by Benedict XV, and *Rerum Ecclesiae* by Pius XI.

The section "Biographies of Missionaries" is this time dedicated to the life of St. Boniface, the Apostle of Germany. The story of this indefatigable missionary has all the charm of the adventurous while being highly instructive as an example of mission methods. Saint Boniface not merely made converts, he actually established the

Church in the western parts of Germany. The convents of religious, both men and women which he caused to be erected, show in a very pointed way his efforts towards the Christianization of the whole country and its people.

A new Japanese religious sect *Hito no Michi* or *Road of Man* is described by Paul Moreau. This sect claims to possess a few very unusual characteristics, the most startling one being that of performing miracles of healing. Although the new religion is very young it has become a serious obstacle to the spread of Christianity among the lower classes, and by reason of its disdain for medicine and surgery may become a social danger as well.

Among the reviews of books and articles we find reports of several mission congresses: the Twelfth Congress of the *Aucam*, April, 1935; the National Missionary Congress in Marseille, July, 1935, and the Thirteenth Mission Week at Bari, September, 1935. The subjects treated in these congresses were respectively: "National Colonization and the Missions," "Social and Charitable Institutions in the Missions," and the "Religious Status of the Pagan and non-Catholic World." On the inside cover is printed an announcement of post-graduate courses in colonial medicine for doctors and surgeons. These are given regularly at the University of Bologna.

INTERESTING ARTICLES IN OTHER FOREIGN MAGAZINES

"*Statistiques des Hopitaux, dispensaries et Leprosaries en pays de Mission*," by Paul Lesourd, in "Les Missions Catholiques," September, 1935.

This criticism of the statistics of the Propaganda forms part of the extensive report of the National Congress held in Marseille, July, 1935. Paul Lesourd points out the modifying circumstances which ought to be known before one can arrive at a right understanding and a thorough appreciation of these statistics.

"*Un Congresso Missionario Studesco*," by Reverend Don Silvio Beltrami, in "Le Missioni Cattoliche," October 6, 1935.

Italian high-school and college students came together in Brescia for their second mission congress in the first week of September. The program of study presented was "India and its various social and religious problems."

"*Diamantener Erntefestkranz von den Missionsfeldern des S. V. D.*" by Anton Freitag, S. V. D., in "Katolischen Missionen."

A continuation of the complete survey of the missions entrusted to the Fathers of the Divine Word, written for the occasion of their sixtieth

anniversary. The August number of the above magazine contained: The missions in India, Japan and the Philippines; September: The missions in the South Sea Islands and in Dutch East Indies; October: Missions in North and South America.

"Vinzenarbeit der Katolischen Universitätsstudenten Tokyos im Elendsviertel Mikawashima," by P. Hugo Lassalle, S.J., in "Katholischen Missionen," August, 1935.

An account of the very inspiring work being done by the Catholic University students, under the direction of the Jesuit Fathers, in the poverty stricken district of Mikawashima, Japan. The settlement, as it is called, was founded in 1931 as a home for poor children; now it also includes a large dispensary, a kitchen where the poor are fed, a crèche and offices where the poor may come for all kinds of information, even legal advice. The students consider themselves responsible for the development of the work and either live within the settlement or come regularly on appointed days.

"Tsiang-Kai-Shek and Christianity," in "Revue Missionaire," October, 1935.

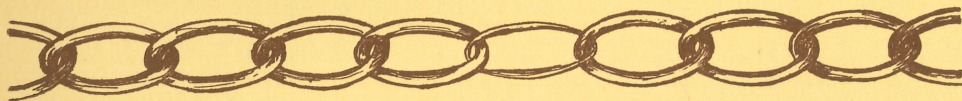
General Tsiang-kai-chek, who is practically the real head of the Nanking government, and who was hitherto strongly anti-Christian in his views, recently invited all the Christian missionaries to aid the government in restoring the country so seriously menaced both by communism and the abuse of opium. It is the General's belief that Christianity alone wields the moral force necessary for the realization of his plans for awakening the citizens to the dangers around them and to supply the foundation for a new China.

"A Buddhist Mission in Southern India," in "Revue Missionaire," October, 1935.

Proselytism of converts to Christianity is being carried on in India by Hindus and Buddhists. In Southern India, there is an important Hindu mission, whose object is to bring back to Hinduism those who have been converted to other religions and especially to the Catholic religion. A second mission with a similar object is to be established shortly by the Buddhists. There has been considerable work done along this line in the past, but it has shown no results.

"Echoes of the Catholic Action Congress in Shanghai," in "Revue Missionaire," November, 1935.

The Catholic Action Congress held in Shanghai during September was an outstanding success. Two important consequences of it were the impression of the power and vitality of the Catholic Church given to the public by the large gatherings of the laity and, secondly, the strengthening of the bonds of goodwill between the religious and civil authorities.



The Weakest Link

in the whole chain of Catholic missions is the medical apostolate.

The facts speak for themselves: of the 18,028 priests, 8,755 brothers, 50,555 sisters and 136,234 lay-assistants, representing the personnel on Catholic Missions,

ONLY 211 ARE DOCTORS.

There are, of course, many more nurses. But as the standards of training vary greatly throughout the world, it is impossible to give their number.

Numerically, there are not enough professional medical missionaries to provide for the mission personnel, not to speak of the native population. Hence, the

FIRST BIG NEED IS VOCATIONS

to this apostolate, and the

SECOND IS MONEY

to train those who have already volunteered.

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The work extends to hospitals and dispensaries, medical schools and training schools for nurses, welfare centers, leper asylums, traveling dispensaries; also to visiting the sick in their homes. It affords an abundance of opportunities to combine the spiritual and corporal works of mercy.

Fields of Labor

The Society was founded for the purpose of sending qualified Sisters to India, China, Africa, and other mission countries.

Rawalpindi

At present the Society conducts a hospital for women and children in Rawalpindi, in the Mill Hill Prefecture Apostolic of Kashmir and Kafirstan, India. Here, the majority of Mohammedan and Hindu women are still secluded and therefore can avail themselves only of medical aid given by women. From its beginning, this hospital has given training courses for Indian nurses in order to meet this need.

Dacca

In the Holy Cross Mission of Dacca, Bengal, members of the Society are entrusted with the nursing in the Mitford Hospital and the training school for Indian nurses. In the same city, they are in charge of two maternity and child welfare centers where they train native dhais for this work. They also make house-to-house visits for the care of the sick and the instruction of mothers.

The Sisters give classes in hygiene and home nursing in some of the schools of Dacca; also to groups of Indian women.

Requests to undertake work for the sick have been received from many mission bishops, thus showing the great need of vocations.

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The requirements for admission are:

1. A sincere desire to give oneself to God in the mission field.
2. Good health.

The age limit is 30 years.

The Society undertakes in suitable cases to provide the necessary education for all those who have not completed their studies for the medical or nursing profession. The scope of the work also calls for a large number who do not wish to do medical work directly. These do the non-medical work connected with every institution at home and in the missions.

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